MAIL TO: Bureau of Vital Statistics City Hall, Liberty Plaza Rome, New York 13440

APPLICATION TO LOCAL REGISTRAR FOR COPY OF DEATH RECORD

FEE \$10.00 PER COPY OR NO RECORD CERTIFICATION. PLEASE SEND MONEY ORDER. PERSONAL CHECKS NOT ACCEPTED.

APPLICANT - PLEASE SEND COPY OF PHOTO ID. IF YOU ARE NOT INFORMANT ON DEATH CERTIFICATE, PLEASE ENCLOSE ORIGINAL COPIES OF PROOF OF RELATIONSHIP TO DECEASED. (THESE WILL BE RETURNED TO YOU.)

Name of Deceased			Date of D	Date of Death or Period to be Covered by Search				
	•							
First	Middle	Last					7	
Name of Father of Deceased			Social Sec	Social Security Number of Deceased				
vario oi	Tamer VI 1200	MANAGA				•		
First	Middle	Last				Age at Death		
Maiden Name of Mother of Deceased			Date of B	Date of Birth of Deceased				
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First	Middle	Last	Month	Day	Year			
Place of	<u>Death</u>							
			* ****	a ci	4	Country		
	Hospital or St		Village, T	Cown or Ci	ty	County		
		reet Address ord is Required	Village, T	Cown or Ci	ty	County		
			Village, T	Cown or Ci	<u>*</u>	County		
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